People – Whole Family Support & No Wrong Door

Findings on a proposition for change

The Change Proposition

Evidence from the Local Strategic Assessments indicates that people do not feel they have a strong sense of influence and control on the services that affect them.

People and families often have complex and multiple needs and find it difficult to access the right support from the right service at the right time.

The change proposition has explored how we can better support people to take control of their own lives by working with families and households to empower them to build their capacity and resilience through relationship-based, person-centred support.

The two strands to this change proposition are 'people and family support' and 'no wrong door'.

It is underpinned by prevention and early intervention.

Route to Benefit

Baselining

One part of this change proposition task has involved establishing a baseline understanding of the current services, systems, processes and practices involved in people and family support in Fife.

This involved identifying the teams and services from across Fife Partnership that deliver support to people and families, as well as mapping the contact and referral routes for these services.

This proved challenging in the timeframe for the task, so a full picture has not been achieved. However, the information that has been gathered does provide an insight into the complexities and problems with our current service provision.

Research

The other part of this task has involved researching existing models of whole family support and approaches to providing a no wrong door to services and support.

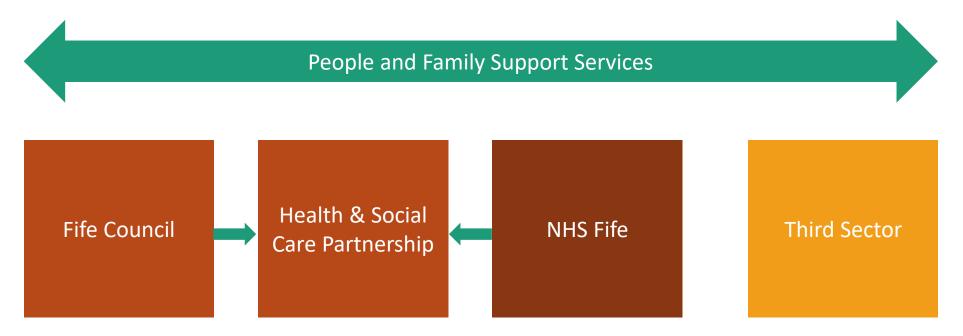
This involved analysing existing practice evaluations from tests of change and services in Fife. This has predominantly focused on models of good practice including the Family Nurture Approach, the Intensive Family Support Service and the Putting People First test of change.

It was also important to consider models being developed and implemented by other UK local authorities and to discover what could be learned from their various approaches to our shared challenges.

The Problem: our baseline

Organisations across Fife Partnership make up a complex landscape of support services that are directed at improving outcomes for people and families. These services range from statutory services provided by the local authority to health and social care, and from the NHS to third sector agencies.

Forming a solid picture of our current baseline has been challenging to achieve in the timeframe of this change project. However, an attempt has been made to provide as big a picture as possible of the various services involved in providing support to people and families and their complex processes for contact and referrals.



Support services for people and families

Approx 294 third sector organisations and services have been identified that also provide support to people and families



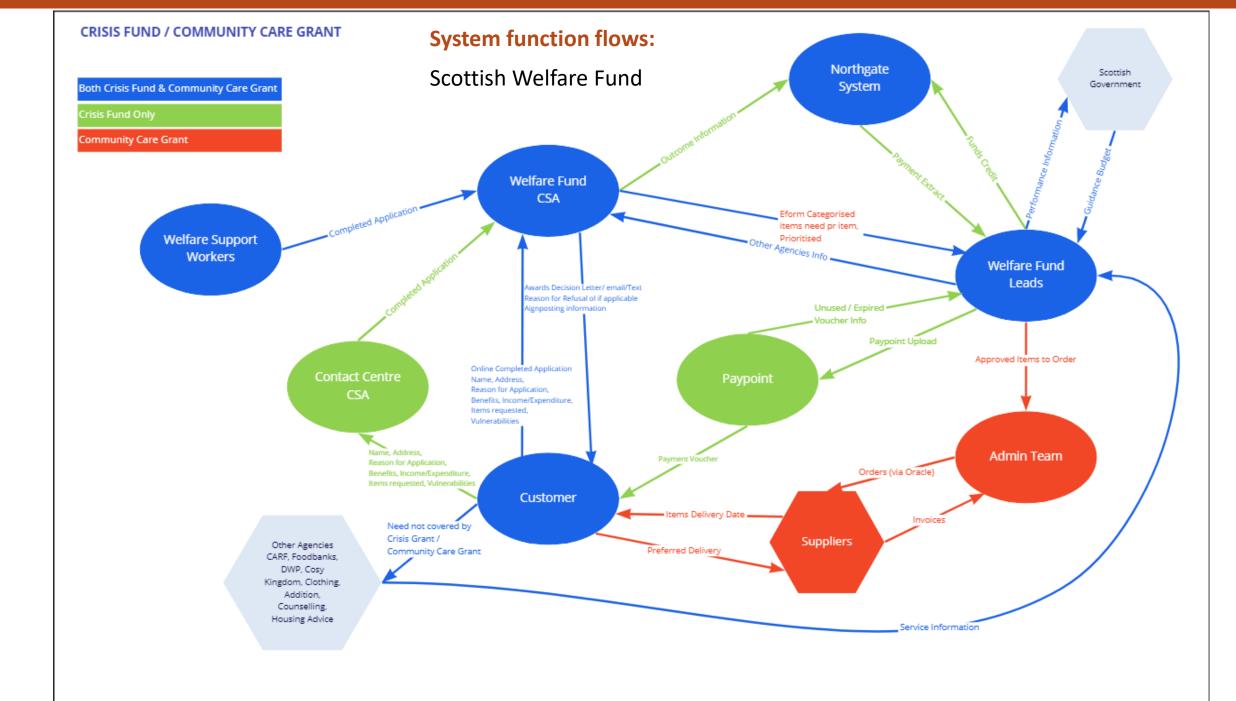
The following system function flow diagrams illustrate the complexity of Fife Council's contact and referral routes between various council services.

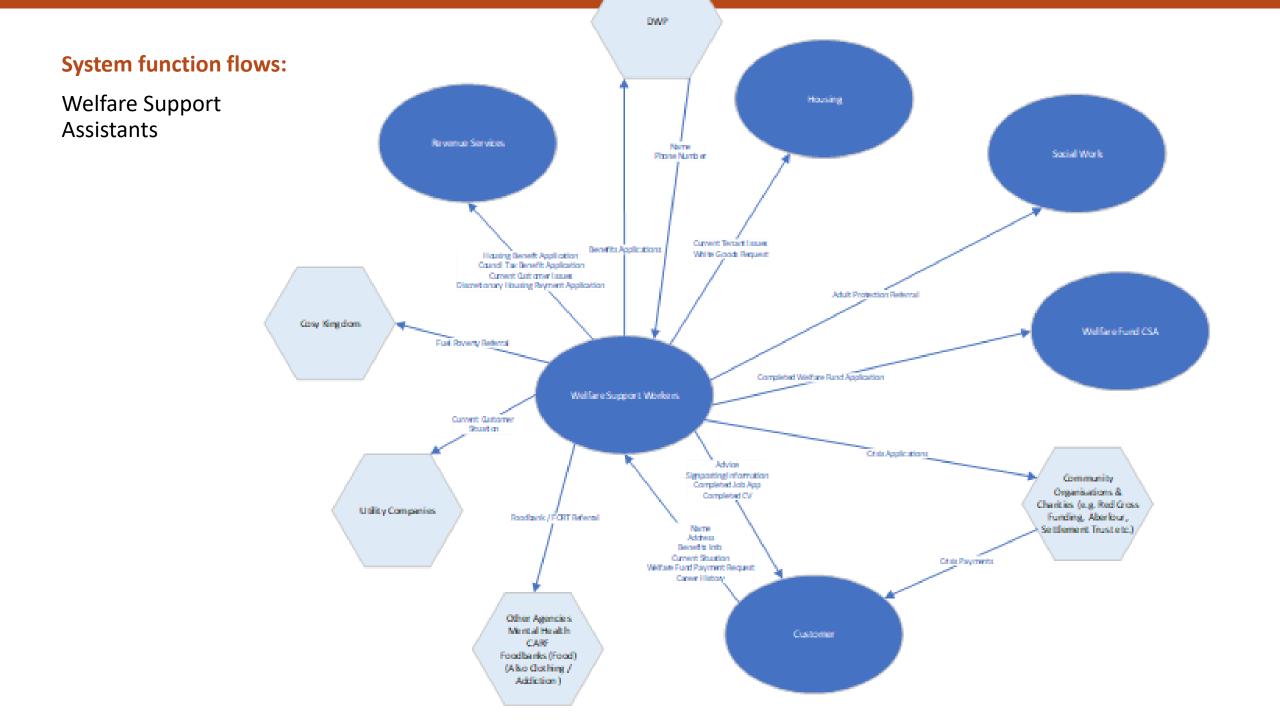
Maps have been produced for various teams in the council's Communities Directorate - Welfare Support Workers, Revenues Team, Scottish Welfare Fund, Fuel Poverty, Homelessness, Housing Management / Rent Officers, and Public Protection.

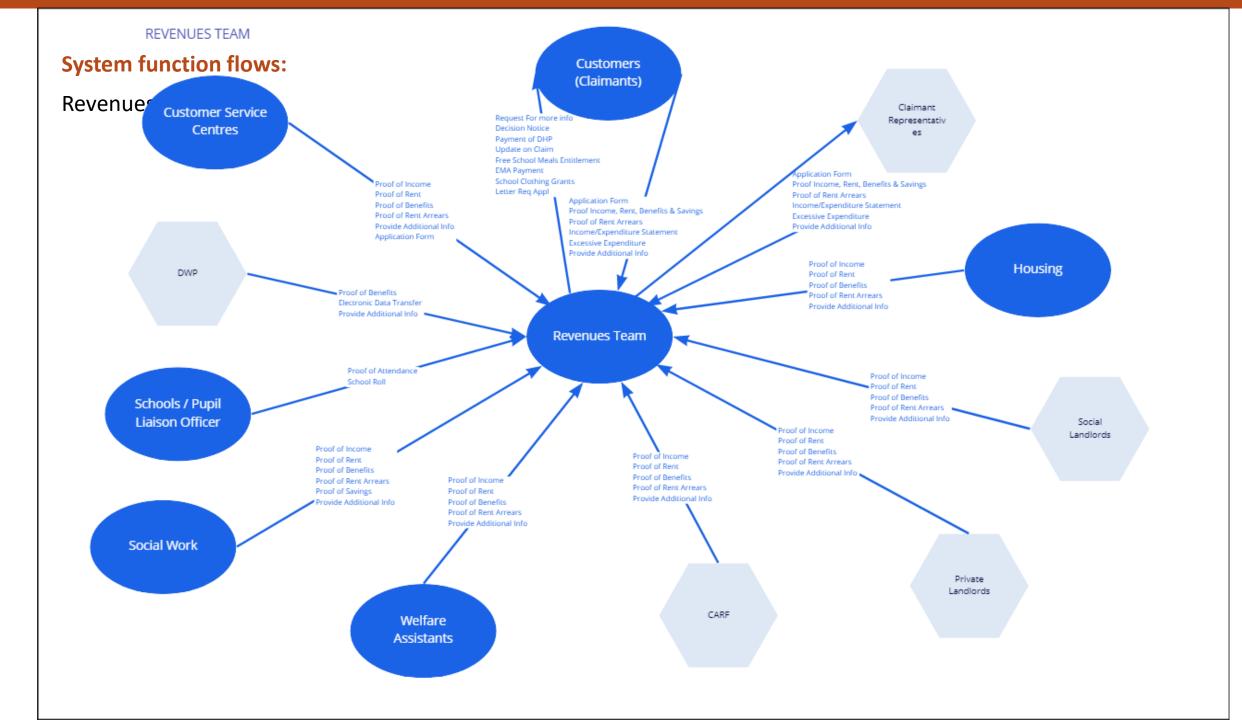
When put together, these make up a complex and confusing system of contact and referrals. The following diagrams show the overall picture and show in more detail the contact and referral routes for three teams, which routinely interact with each other.

This work highlighted several issues with our current systems and processes.

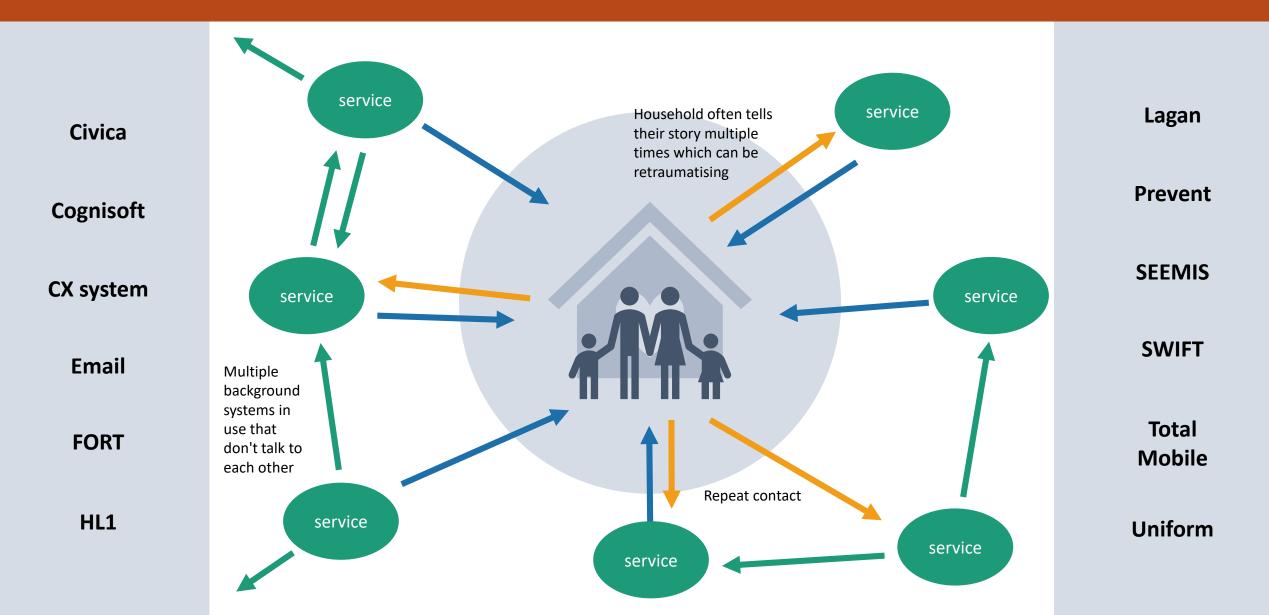
- We receive numerous types of requests from people in different situations. As demonstrated, people don't just have one issues that can be easily solved. They often have multiple, complex needs that require sustained support, not transactional services.
- Our services are reactive not proactive. We are often chasing our tails and trying to keep up with the latest crisis rather than using our data and thinking differently about how we can support people and families in a more proactive, targeted way.
- Service-centred as opposed to person-centred. Our services are designed for our own use, not the customers. Arguably they don't achieve what we want them to achieve from a service standpoint either.
- People move between services before reaching main resolving service/agency. People are being past from pillar to post while their problems escalate, and they get more stressed and anxious.
- Numerous potential contacts and middlemen. There's often no clear route to the best support.







The Problem: the 'as is' of contact and referrals



There are a number of problems we want to address that are compounded by our current position

- Feedback on the current landscape of support for individuals and families tells us it is **difficult to navigate** and find the right support first time.
- There can be a lot of **bureaucracy** around our systems and processes that put up barriers for people accessing support.
- People and families often present with a symptom that they want help with (for example, food support) rather than the **underlying problem** (debt), which goes unnoticed and escalates until it is a bigger or more complex problem that requires greater (and more costly) intervention.
- **Demand** for services is increasing but our **resources are being squeezed** and services struggle to keep up with demand.
- The **cost-of-living crisis** is pushing more people into hardship that would have been managing well if not for the increase in prices. This means more people need our services, usually for crisis support that doesn't allow us time to get to more prevention and early intervention focused work.
- There is a **lack of awareness** amongst some staff groups of the wider support available to people and families, therefore, some referral routes to services can be dictated by the professional's own knowledge and can limit the support people and families end up with.
- There are pockets across Fife where there is relationship-based, person-centred support, but if this works well, why aren't we doing more of it?

The Opportunity: Emerging themes

Research has identified models, both from within Fife and in other parts of the UK, that demonstrate successful approaches to no wrong door and people and whole family support. The following statements have been developed by analysing various models and represent the benefits of taking a no wrong door approach to people and whole family support.

- Services and organisations working collectively and in an integrated way, especially as part of a multidisciplinary team, can improve the experiences of people and families with multiple needs.
- Evidence suggests that building resilience can stabilise people's situations.
- Keeping the door open to services can help resolve recurring crisis sooner and represents a key part of
 prevention work
- Implementing a systemic change like a no wrong door approach needs to allow and support staff to be creative, resourceful and persistent to finding solutions to people's needs.
- Delivering early intervention and prevention approaches can reduce the number of hours staff spend on crisis intervention
- Innovative models of directing resources to meet citizen's needs is an exciting opportunity and can give us ideas for what could be achieved in Fife.
- Implementing a flexible model of community engagement can lead to a more sustainable model.

The Opportunity: Potential benefits

The big question going into this change proposition was whether it could realise any financial savings. From the outset, this proposition quickly demonstrated the benefits it could generate for people and families in Fife. However, identifying any financial benefit has proved more challenging.

There is evidence to suggest that adopting a no wrong door approach and rolling out whole family support can achieve better outcomes for people and families.

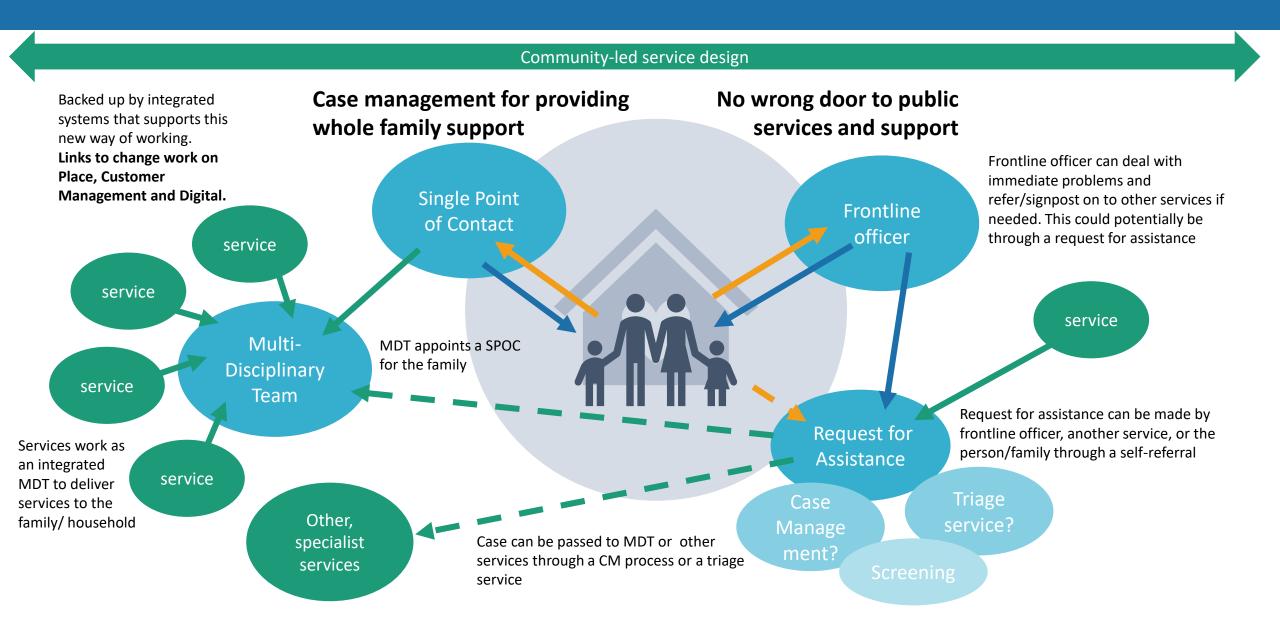
Evidence of improving outcomes	Source
Reducing evictions, preventing homelessness and reducing temporary accommodation	PPF, LBBD
Helping people to be more financially secure and resilient, minimising financial stress	PPF, IFSS, LBBD, Clacks
Reduction in police involvement	Clacks
Helping more people into jobs, further or higher education, and volunteering	IFSS, LBBD
Building community capacity and strengthening family living (parental confidence)	FNA, LBBD
Helping residents lead healthy lives, improvements in mental wellbeing	LBBD, Clacks
Reduction in the use of drugs and alcohol	IFSS, Clacks

The Opportunity: what could this look like?

There are various ways of implementing a no wrong door approach, as demonstrated by the models being used across the UK and the examples of good practice in Fife.

- □ The use of multi-disciplinary teams in case management
- Creating a single point of contact and systems for reviewing cases. This is valuable in assessing if services are meeting people's needs or whether provision is rights and dignity based.
- □ Screening cases to identify any unmet need and previous support they have received. This improves officer knowledge of the child, young person or adult they will be working with.
- □ Staff are demonstrating creative, resourceful and persistent ways of finding solutions to people's needs.
- □ A framework or set of quality standards for support services can result in greater equity across programmes.
- Flexible models of community engagement with people and families can lead to strengthened connections between services, greater involvement of communities in the design of services and more effective use of resources.
- □ Signposting to other services needs to be more of a handover and less being passed from 'pillar to post'
- □ Triage services that allocate cases based on their knowledge of the support landscape
- Data and information can be better used to help inform strategic decisions about the allocation of resources in response to what the data is telling us about demand for services

The Opportunity: what could this look like?



The Opportunity: what could this look like?



We've got the policy and strategy in place

But are services currently geared up to deliver our priorities?

Do we have the appetite for change? If we do, how much of an appetite do we have?

How do we turn our policies and strategies outlined in the Plan for Fife into **person-centred** action? Our services are designed for our own use, not for our citizens'.

Do we undertake **short-term improvements** to target specific service problems and communities we know are struggling?

This may fix some problems, but does it lead to sustained change and improvements?

Or are we brave enough and have the appetite for **long-term whole systems change** to address deep-rooted issues in our society and services?

Continue conversations as part of Leadership Summits